To be Completed by the Student

|  |  |
| --- | --- |
| Student Name with Initials: ………………………………………………………………..……………………………………….. | |
| Registration No: …..………………………………………… | |
| Contact: Mobile: ……………………………. | Email:…………………………….…………….................................. |
| Majoring Module:……………………………................................................................................................................................ | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Compulsory Course Units** | | | | **Optional Course Units** | | | |
| No. | Course Code | Course Name | No. of Credits | No. | Course Code | Course Name | No. of Credits |
| 1. |  |  |  | 1. |  |  |  |
| 2. |  |  |  | 2. |  |  |  |
| 3. |  |  |  | 3. |  |  |  |
| 4. |  |  |  | 4. |  |  |  |
| 5. |  |  |  | 5. |  |  |  |
| 6. |  |  |  | 6. |  |  |  |
| 7. |  |  |  | 7. |  |  |  |
| 8. |  |  |  | 8. |  |  |  |
| Total No. of Compulsory and Optional Credits: …………………….. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Course Units** | | | |
| No. | Course Code | Course Name | No. of Credits |
| 1. |  |  |  |
| 2. |  |  |  |

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Signature of the Student Date